EXHIBIT C

F	ORM	B10	(Official	Form	10)	(10/05))
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UNITED STATES BANKRUPTCY COURT	Dı	STRICT	OF	Nevada		
Name of Dubtor USA COMMERCIAL MORTGAGE COMPANY	Case	Number	В	(-S-06-10725 LBR	PROOF OF CLAIM	
NOTE This form should not be used to make a claim for an admin of the cise. A request for payment of an administrative expense in	at .					
Name of Creditor (The person or other entity to whom the debtor owes money or property) JOAN ARENDS TRUSTEE OF THE ARENDS FAMILY TRUST	5					
Name and address where notices should be sent JOAN ARENDS 2310 AQUA HILL ROAD FALLBROOK CA 92026	cas	ices from e eck box ii	the f the	u have never received a bankruptcy court in th address differs from the	18	
Telephone number 949 474 1880	the	court	-	nvelope sent to you by	THIS SEACE IS FOR COURT USE ONLY	
Last four digits of account or other number by which creditor identifies debtor N/A	_	eck here us claum	_	replaces amends a previously	filed claim dated	
1 Basis for Claim Goods sold Services performed ✓ Money loaned Personal injury/wrongful death Taxes		☐ V	Vage ast Inpa		ervices performed	
Other 2 Date debt was incurred	3	If cou	rf ı	udgment, date obtain	· · · · · · · · · · · · · · · · · · ·	
12/10/04 and 08/11/05						
4 Classification of Claim Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations Unsecured Nonpriority Claim \$ Check this box if a) there is no collateral or lien securing your claim or only part of your claim is entitled to priority Unsecured Priority Claim Chick this box if you have an unsecured claim all or part of which is entitled to priority Amount entitled to priority \$ Domestic support obligations under 11 U S C \$ 507(a)(1)(A) or all (a)(1)(B) Wages salaries or commissions (up to \$10 000) * earned within 180 all (a)(1)(B) Wages salaries or commissions (up to \$10 000) * earned within 180 all (a)(1)(B) Contributions to an employee benefit plan 11 U S C \$ 507(a)(5) Total Amount of Claim at Time Case Filed Check this box if your claim is secured by collateral (including a right of setoff) Wages salaries or commissions (up to \$10 000) * earned within 180 all (a)(1)(B) Contributions to an employee benefit plan 11 U S C \$ 507(a)(5) Total Amount of Claim at Time Case Filed Check this box if claim includes interest or other charges in addition to the principal amount of the claim Attach itemized statement of all interest or additional charges SEE ATTACHMENT 5 AND APPENDED DOCUMENTS						
6 Credits The amount of all payments on this claim has been making this proof of claim					THIS SPACE IS FOR COURT USE ONLY	
7 Supporting Documents Attach copies of supporting documents such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments mortgages security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain. If the documents are voluminous attach a summary. **NOV 10 2006**						
8 Date Stamped Copy To receive an acknowledgment of the fil	Date Stamped Copy To receive an acknowledgment of the filing of your claim, enclose a stamped, self-					
addressed envelope and copy of this proof of claim Date Sign and print the name and title if any of the file this claim (attach copy of power of attornment) The state of t	ney if any) Jo Tr	an us	son authorized to Arends, tee of the Family Trust	USA CMC	

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				PRO	OOF OF CLAIM	77 134 134 134 134 134 134 134 134 134 134	g sag	差器
Parties of	helof Debtor:	-à i 1.8: h 1 200	· 公主 4 4 4 4	Case Nu	ımber:			20
	SA Commercial M	lartanda Cami	nany	06-40	725-LBR		- N	
	-5/4 Dommercial M	iorigage Com	pany	00-10	ZJ-LDN	20 ≥ 20	ည္	
	4 to 2 persons and personal forms to the second					1 2	-	Section 19
	See Reverse for List form should not be used			avnansa	Check box if you are	17.	-3	- mexical c
	ing after the commencem				aware that anyone else has			
adm	inistrative expense may l	be filed pursuant to	11 U.S.C. § 503.		filed a proof of claim relating to your claim. Attach copy of			ONEY BY A BORROWER RVICED BY THE
Na	me of Creditor and	Address:			statement giving particulars.	DEBTORS YOU	DO NOT HA	VE TO FILE A PROOF
			11321242033	3676	Charlebau if you have			MONEY FROM THAT COLLECTION ACCOUNT.
	BAKER, SIG	FRIED			Check box if you have never received any notices			
	8057 LANDS				from the bankruptcy court or BMC Group in this case.	1		OF CLAIM FOR A
	LAS VEGAS	NV 89117				ONE OF THE DE		ORROWER THAT IS NOT
1					Check box if this address differs from the address on the	If you have alr	eady filed a	proof of claim with the
					envelope sent to you by the	Bankruptcy Court	or BMC, you	u do not need to file again.
Cre	ditor Telephone Nu <mark>mbe</mark> r (702 873 -	9148		court.	THIS SPAC	E IS FOR	COURT USE ONLY
Las	t four digits of account or	other number by w	hich creditor identifi	es debtor:	Check here repla	ces	*	
					if this claim amer	. a previously	y filed claim	dated:
1. 8	ASIS FOR CLAIM			Doding (D.	and the standard of the standard
1	Goods sold	Personal inju	ry/wrongful death		penefits as defined in 11 U.S.			mitted principal
	Services performed	Taxes	y/mongler death	_	salaries, and compensation (r claims against service for loan balances)
	Money loaned		ha haiasta			019	(1101	ioi ioan balances;
	y Money loaned	U Other (descri	be briefly)	Unpaid o	compensation for services pe	rformed from:	·	to
2 0	ATE DEBT WAS INCUR	DED.		la 15.0	OURT HIRCHENT DATE O	NOTAINED.	(date)	(date)
_			propriete hoy or hoyee		OURT JUDGMENT, DATE Of the your claim and state the amo		the time eas	o filed
s	ee reverse side for important	t explanations.	propriate box or boxes	triat best descr		unt of the claim at	ine inne casi	s filed.
UN	SECURED NONPRIORIT	TY CLAIM \$			SECURED CLAIM			
	Check this box if: a) there is	s no collateral or lien	securing your claim, or	b) your claim	Check this box if you	our claim is secu	red by colla	ateral (including
	exceeds the value of the pr entitled to priority.	operty securing it, or	if c) none or only part of	of your claim is	a right of setoff).			
UNS	SECURED PRIORITY CL	AIM		Commence of the second	Brief description of		_	
	Check this box if you have	an unsecured claim,	all or part of which is		Real Estate	Motor Vehicle	<u>, U</u> c	Other
	entitled to priority.				Value of Collateral	: \$	<i>(</i>	
	Amount entitled to priority	\$			Amount of arrearage ar	nd other charges	at time ca	se filed included in
	Specify the priority of the cl				secured claim, if any:	\$ 1458	3.7	
	Domestic support obligation	ns under 11 U.S.C. §	507(a)(1)(A) or (a)(1)(B	3)	Up to \$2,225* of deposits tower	ard purchase, lease	e, or rental of	property or
	Wages, salaries, or commis	ssions (up to \$10,000)*, earned within 180 d	ays	services for personal, family, o			
	before filing of the bankrupt business, whichever is earli	icy petition or cessation ier - 11 U.S.C. § 507	on of the debtor's (a)(4).	Ļ	Taxes or penalties owed to go			
	Contributions to an employe			L	Other - Specify applicable pan			
			3 007 (2)(0)		* Amounts are subject to adjust with respect to cases comment	stment on 4/1/07 ar	nd every 3 ye dete of ediu	ears thereafter
5. T	OTAL AMOUNT OF CLA	IM \$	X)	\$ 50	The second secon	EREST	\$ 5	-
1	AT TIME CASE FILED:	(unsecured)	(s	secured)	(priority)	. •	(Total)
M	Check this box if claim inclu	udes interest or othe	r charges in addition t	o the principal	amount of the claim. Attach ite		of all interest	
-								or additional charges.
7 5	LIPPORTING DOCUM	FNTS: A4006 00	nis ciaim nas been (credited and d	educted for the purpose of m	naking this proof	of claim.	
r	unning accounts, contrac	ts. court judgments	<i>pies of supporting a</i> s. mortgages, securi	<i>ocuments,</i> su tv agreement	ich as promissory notes, puro s, and evidence of perfection	hase orders, inv	oices, item	ized statements of
1	OCUMENTS. If the doc	uments are not ava	ailable, explain. If th	e documents	are voluminous, attach a sur	nmary.	1 SEND O	NGINAL
8. D	ATE-STAMPED COP				our claim, enclose a stamped		l envelope :	and copy of this
	proof of claim.							
	he original of this comp	pleted proof of cla	im form must be s	ent by mail o	r hand delivered (FAXES N	OT	THIS S	PACE FOR COURT
f	or each person or entity	dincluding indivi	on or perore 5:00 duals_nartnershine	pm, prevailin	g Pacific time, on Novembers, joint ventures, trusts an	er 13, 2006		USE ONLY
9	overnmental units).	/	, paraterstilp:					
1 6	MC Group			BY HAND (BMC Grou	OR OVERNIGHT DELIVERY TO	:		
	Attn: USACM Claims Dock	keting Center		Attn: USA	CM Claims Docketing Center			
	^p . O. Box 911 El Segundo, CA 90245-09	11			Franklin Avenue lo, CA 90245			
DAT	TANKS OF THE PARTY		name and title, if any o		other person authorized to file			
17	2-06-06	this Claim (atte	ach copy of power of at	torney, if any):				
(2		Di cylonas	Suh	NIBFI	RIED BAKER			
-								

Case 06-10725-6W7 Doc	8341-3 En	tered 05/09/11 15	03:15 Page 4 of 11
- Dade 00 10120 gwz - D00	PRO	OF OF CLAIM	55.20 1 ago 7 01 11
Name of Debtor	Case Nur	mber [.]	
USA COMMERCIAL MORTGAGE CO	MPANY 06	-10725-LBR	
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrat ansing after the commencement of the case A "request" for pa administrative expense may be filed pursuant to 11 U S C § 50	yment of an	Check box if you are aware that anyone else has filed a proof of claim relating	
Name of Creditor and Address		to your claim Attach copy of statement giving particulars	
PHILIP BENJAMIN AND MAUREEN BENJAMIN PO BOX 376 INDIAN SPRINGS NV 89018-0376	V	Check box if you have never received any notices from the bankruptcy court or BMC Group in this case	DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS
		Check box if this address differs from the address on the envelope sent to you by the	If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again
Creditor Telephone Number ()		court	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor ide	entifies debtor	Check here replace or amen	a previously filed claim dated
1 BASIS FOR CLAIM		enefits as defined in 11 U S	C § 1114(a)
Goods sold Personal injury/wrongful deat	th 🗂 Wages, s	alanes, and compensation (fill out below)
Services performed Taxes		digits of your SS #	(not for loan balances)
Money loaned ☐ Other (describe briefly)		ompensation for services per	
2 DATE DEBT WAS INCURRED 8/11/05	3 IF CO	OURT JUDGMENT, DATE O	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or bo			
See reverse side for important explanations UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM	
Check this box if a) there is no collateral or lien securing your clair exceeds the value of the property securing it or if c) none or only pentitled to priority	m or b) your claim part of your claim is	a right of setoff)	our claim is secured by collateral (including
UNSECURED PRIORITY CLAIM		Brief description of	
Check this box if you have an unsecured claim all or part of which entitled to priority	IS	Real Estate Value of Collateral	
Amount entitled to priority \$			nd other charges at time case filed included in
Specify the priority of the claim		secured claim, if any	
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a))(1)(B)		ard purchase lease or rental of property or
Wages salanes or commissions (up to \$10 000)* earned within 1 before filing of the bankruptcy petition or cessation of the debtor's	180 days	,	or household use -11 U S C § 507(a)(7) vernmental units - 11 U S C § 507(a)(8)
business whichever is earlier - 11 U S C § 507(a)(4) Contributions to an employee benefit plan 11 U S C § 507(a)(5)		Other Specify applicable para	agraph of 11 U S C § 507(a) () stment on 4/1/07 and every 3 years thereafter
		with respect to cases commen	nced on or after the date of adjustment
5 TOTAL AMOUNT OF CLAIM \$ AT TIME CASE FILED (unsecured)	\$ 55,381	.90 \$ ecured)	\$ 55,381.90 (Total)
Check this box if claim includes interest or other charges in additional control of the charges in additional control of the charges and charges in additional control of the charges in additional	•	•	· · · · · · · · · · · · · · · · · · ·
6 CREDITS The amount of all payments on this claim has be 7 SUPPORTING DOCUMENTS Attach copies of supportion running accounts, contracts, court judgments, mortgages, se DOCUMENTS If the documents are not available, explain	ing documents. sue	ch as promissory notes, pure	chase orders, invoices, itemized statements of of lien DO NOT SEND ORIGINAL
8 DATE-STAMPED COPY To receive an acknowledgme proof of claim			•
The onginal of this completed proof of claim form must			
ACCEPTED) so that it is actually received on or before 5 for each person or entity (including individuals, partners governmental units)		•	
BY MAIL TO BMC Group	BY HAND O	OR OVERNIGHT DELIVERY TO	
Attn USACM Claims Docketing Center	Attn USA	CM Claims Docketing Cente	" FLED JAN 1 3 2007
P O Box 911 El Segundo CA 90245-0911		Franklin Avenue lo, CA 90245	FILED JAIR TO THE
DATE SIGN and print the name and title if a	any of the ereditor or	<u> </u>	
this claim (attach copy of pewer			USA CMC
Donald T. Poledna		ev for Benjami	1070500000

FOR! 1 B10 (Official Form 10) (10/05)					
United States Bankruptcy Court - District of Nevada		PROOF OF CLAIM			
Name of Debtor USA Commercial Mortgage Company	Case Number BK-S-06-10725 LBR				
NOTE This form should not be used to make a claim for an administrative ex of the case A "request" for payment of an administrative expense may be filed	pense arising after the commencement d pursuant to 11 U S C § 503				
Name of Creditor (The person or other entity to whom the debtor owes	☐ Check box if you are aware that	1			
money or property) Billy Shope, Jr Family LP	anyone else has filed a proof of claim relating to your claim Attach copy of statement giving particulars				
Name and address where notices should be sent	particulais				
Billy Shope Jr , Family LP 2833 Maryland Hills Dr	Check box if you have never				
Henderson, NV 89052	received any notices from the bankruptcy court in this case				
	Check box if the address differs from the address on the envelope	1			
Telephone number	sent to you by the court	This Space is for Court Use Only			
		This Space is for Court Ose Only			
Last 4 digits of account or other number by which creditor identifies debtor	Check here if this claim a previously a previously	r filed claim dated 8 28 66			
1 Basis for Claim	☐ Retiree benefits as defined in 1	1 11 5 C & 1114(a)			
Goods sold	☐ Wages, salaries, and compensa				
☐ Services performed ■ Money loaned	Last four digits of SS #				
Personal injury/wrongful death	Unpaid compensation for service				
☐ Taxes					
☐ Other	from to (date)	(date)			
2 Date debt was incurred August 11, 2005	3 If court judgment, date obtained				
4 Classification of Claim Check the appropriate box or boxes that describ		aim at the time case filed			
See reverse side for important explanations	Secured Claim Check this box if your claim is secure	ed by collateral (moluding a right of setoff)			
Unsecured Nonpriority Claim \$ Check this box if a) there is no collateral or lien securing your claim,	Check this box if your claim is secured by collateral (including a right of setoff) Brief Description of Collateral				
or b) your claim exceeds the value of the property securing it	Real Estate Motor Vehicle Other				
or c) none or only part of your claim is entitled to priority	Value of Collateral \$ UNKNOWN				
Unsecured Priority Claim					
Check this box if you have an unsecured claim, all or part of which is entitled to priority	A. C. W. C. W. C. W. C. W. C. C. W.	4 4			
Amount entitled to priority \$	Amount of arrearage and other charge case filed included in the secured class	es at time m. if any \$ 101,493 06			
Specify the priority of the claim					
☐ Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	☐ Up to \$2,225* of deposits toward pure				
☐ Wages, salaries, or commissions (up to \$10 000),* earned within 180	services for personal, family, or household use - 11 U S C § 507(a)(7) Taxes or penalties owed to governmental units - 11 U S C § 507(a)(8)				
days before filing of the bankruptcy petition or cessation of the debtor s business, whichever is earlier - 11 U S C § 507(a)(4)	•				
☐ Contributions to an employee benefit plan 11 USC § 507(a)(5)	☐ Other - Specify applicable paragraph of 11 U S C § 507(a)()				
	* Amounts are subject to adjustment on 4/1/07 respect to cases commenced on or after the de				
5 Total Amount of Claim at Time Case Filed \$	101,493 06 (pro	101,493 06 Ority) (Total)			
(unsecured) (secured) (priority) (Total) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges					
6 Credits The amount of all payments on this claim has been credited and de this proof of claim	educted for the purpose of making	This Space is for Court Use Only			
7 Supporting Documents Attach copies of supporting documents such as p	romissory notes, purchase	filed date			
orders, invoices itemized statements of running accounts, contracts, court ju	udgments, mortgages, security	111000			
agreements, and evidence of perfection of lien DO NOT SEND ORIGINAL are not available, explain If the documents are voluminous attach a summa		-19/20			
8 Date-Stamped Copy To receive an acknowledgment of the filing of your	· ·	910100			
self-addressed envelope and copy of this proof of claim					
Date Sign and print the name and title, if any of the credit	tor or other person authorized to file	USA CMC			
this claim (attach copy of power of attorney if any)	miles L.P.	1 1 1 1 1 1 1 1 1 1			
I selly ropey	/	1072500191			

FORM B10 (Official Form 10) (10/05)

FORM B10 (Official Form 10) (10/05)					
United States Bankruptcy Court - District of Nevada		PROOF OF CLAIM			
Name of Debtor USA Commercial Mortgage Company	Case Number BK-S-06-10725				
NOTE This form should not be used to make a claim for an administrative e of the case A "request" for payment of an administrative expense may be file	expense arising after the commencement ed pursuant to 11 USC § 503				
Name of Creditor (The person or other entity to whom the debtor owes	Check box if you are aware that				
money or property) Brouwers Family Trust	anyone else has filed a proof of claim relating to your claim Attach copy of statement giving				
Name and address where notices should be sent Trustee of Brouwers Family Trust	particulars				
8040 Vista Twilight Drive	Check box if you have never received any notices from the				
Las Vegas, NV 89123	bankruptcy court in this case				
	Check box if the address differs from the address on the envelope				
Telephone number	sent to you by the court				
		This Space is for Court Use Only			
Last 4 digits of account or other number by which creditor identifies debtor	Check here if this claim replaces a previously	filed claim dated 8 78 06			
1 Basis for Claim					
☐ Goods sold	Retiree benefits as defined in 11				
☐ Services performed	☐ Wages, salaries, and compensate				
Money loaned	Last four digits of SS #				
☐ Personal mjury/wrongful death	Unpaid compensation for service				
☐ Taxes	fromto				
☐ Other	(date)	(date)			
2 Date debt was incurred August 11, 2005	3 If court judgment, date obtained				
4 Classification of Claim Check the appropriate box or boxes that describe See reverse side for important explanations	be your claim and state the amount of the clai	m at the time case filed			
Unsecured Nonpriority Claim \$	Secured Claim				
☐ Check this box if a) there is no collateral or lien securing your claim.	Check this box if your claim is secured by collateral (including a right of setoff)				
or b) your claim exceeds the value of the property securing it.	Brief Description of Collateral Real Estate Motor Vehicle Other				
or c) none or only part of your claim is entitled to priority	Value of Collateral \$ INKNOWN				
Unsecured Priority Claim	Tanas di Contacian di 10 11 G 10				
☐ Check this box if you have an unsecured claim all or part of which is entitled to priority	Amount of arrearage and other charges	at time			
Amount entitled to priority \$	case filed included in the secured claim	at time a, if any \$ 50.746 53			
Specify the priority of the claim					
☐ Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	Up to \$2,225* of deposits toward purch	ase, lease, or relital of property or			
Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the	services for personal, family, or househod Taxes or penalties owed to governmenta				
debtor's business, whichever is earlier - 11 U S C § 507(a)(4)	☐ Other - Specify applicable paragraph of	11 U S C § 507(a)()			
☐ Contributions to an employee benefit plan - 11 U S C § 507(a)(5)	* Amounts are subject to adjustment on 4/1/07 at respect to cases commenced on or after the date	nd every 3 years thereafter with c of adjustment			
5 Total Amount of Claim at Time Case Filed \$(unsecured)	50,746 53 (secured) (priori	50,746 53 ty) (Total)			
Check this box if claim includes interest or other charges in addition to the or additional charges	(511011				
6 Credits The amount of all payments on this claim has been credited and de this proof of claim	educted for the purpose of making	This Space is for Court Use Only			
7 Supporting Documents Attach copies of supporting documents such as promissory notes, purchase orders, invoices itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of hen DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain If the documents are voluminous, attach a summary 8 Date-Stamped Copy To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim					
B Date-Stamped Copy To receive an acknowledgment of the filing of your of self-addressed envelope and copy of this proof of claim	•	918106			
Date Sign and print the name and title if any of the credit	tor or other person authorized to file	USA CMC			
Cry 11, 2002 this claim (attach copy of power of attorney if any)	- · · · · · · · · · · · · · · · · · · ·				
my " // Branco	772-2-	1072500195			
Trustee of Brouwers Family Trust	1				

Case	<u> 16-10725-คพร</u> ว - มิกา 8341-3	SaaEnte	red 05/09/11/145	5:03:15 Page	7 of 11
	16-19765-19725-1996-83/41-1	PRO	OF OF CLAI	M age 1 01910	3. 0. 11
Name of Debtor	Egyddol (1915) (1916) y rhy fabr y gymrig a glyddian y flyn y cyfl (1914) y y cyflyddiai Cyfrifiaith (1914) (1917) (1917) (1917) (1917) (1917) (1917) (1917) (1917) (1917) (1917) (1917) (1917) (1917)	Case Nu	mber		
USA Comm	ercıalMortgage Company	06	-10725(LBR)		
This form should not be used arising after the commencem	of Debtors and Case Numbers I to make a claim for an administrative expent of the case A "request" for payment be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else hilled a proof of claim relations.	as ting	
Name of Creditor and CALE FAMIL C/O KEITH . 6070 INGLE		1	to your claim Attach cop statement giving particular Check box if you hav never received any notice from the bankruptcy courl BMC Group in this case Check box if this add differs from the address cenvelope sent to you by	ve es tor DO NOT FILE TH SECURED INTER ONE OF THE DEI	IS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT BTORS eady filed a proof of claim with the or BMC, you do not need to file again
Creditor Telephone Number	775) 626-4519		court	1	E IS FOR COURT USE ONLY
1	other number by which creditor identifies 818	debtor	of the claim	replaces or a previously amends	filed claim dated
1 BASIS FOR CLAIM	_ Ĺ	Retiree b	enefits as defined in 11	IUSC § 1114(a)	Unremitted principal
Goods sold Services performed	Personal injury/wrongful death Taxes] Wages,	salanes and compensa	* * * * * * * * * * * * * * * * * * * *	Other claims against service (not for loan balances)
Money loaned	Other (describe briefly)		compensation for service	es performed from	to
2 DATE DEBT WAS INCUF	07 07 2005		OURT JUDGMENT, DA		
4 CLASSIFICATION OF CL See reverse side for importan	AlM Check the appropriate box or boxes the	at best descr	be your claim and state the	e amount of the claim at t	he time case filed
UNSECURED NONPRIORI	•		SECURED CLAIM	M	
Check this box if a) there	is no collateral or lien securing your claim or by roperty securing it or if c) none or only part of y) your claim our claim is	a right of seto	off)	red by collateral (including
UNSECURED PRIORITY CI	_AIM			ion of collateral	—
Check this box if you have entitled to priority	an unsecured claim all or part of which is		Real Estate Value of Colla	417.00	
Amount entitled to priority Specify the priority of the c	\$		Amount of arrears secured claim, if a	age and other charges any \$ \$3,204 00	at time case filed included in
Domestic support obligation	ns under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2,225* of deposit	ts toward purchase lease	or rental of property or
before filing of the bankrup	ssions (up to \$10 000)* earned within 180 days tcy petition or cessation of the debtor's lier - 11 U S C § 507(a)(4)		Taxes or penalties owed	mily or household use -1	11 U S C § 507(a)(8)
Contributions to an employ	ree benefit plan - 11 U S C § 507(a)(5)		* Amounts are subject to	ole paragraph of 11 U S C o adjustment on 4/1/07 ar ommenced on or after the	nd every 3 years thereafter
5 TOTAL AMOUNT OF CLA AT TIME CASE FILED	AIM \$\$	\$ 103,2	204.00 \$		\$103,204.00
	(unsecured)	•	ecured)	(pnonty)	(Total)
Check this box if claim inc	ludes interest or other charges in addition to t	he principal	amount of the claim Atta	ach itemized statement of	f all interest or additional charges
7 SUPPORTING DOCU	of all payments on this claim has been cre MENTS <u>Attach copies of supporting doc</u> cts court judgments, mortgages security currents are not available, explain If the To receive an acknowledgment of the	<i>uments.</i> su agreement documents	ich as promissory notes s and evidence of perfe are voluminous, attach	s purchase orders, invection of lien DO NO a summary	oices itemized statements of T SEND ORIGINAL
The original of this com	pleted proof of claim form must be ser actually received on or before 5 00 pn				THIS SPACE FOR COURT USE ONLY
for each person or entiti governmental units) BY MAIL TO	y (including individuals, partnerships,	corporatio		sts and	300 01161
BMC Group Attn USACM Claims Doo P O Box 911	cketing Center	BMC Gro Attn USA			
El Segundo, CA 90245-0		El Segun	do, CA 90245		
DATE Sept 26,2006	SIGN and print the name and title if any of ti this claim (attach copy of power of attor	mey if any)	other person authorized to		
I .		Mari 1 th	as vale trust	I	

Case 06-10725-gw-7 Doc 9241 '	2 Ept	arad 05/00/11-15:01	2:15 Dage	-8 of 11
Case 66-10725-lbr Claim	^Z PRC	OF OF CLAIM	filage 네영역	40 01 11
Name of Debtor:	Case Nu	mber:		
USA Commercial Mortgage Company	1	25-LBR		
	00-107		RECEIN	AND EITED
NOTE: See Reverse for List of Debtors and Case Numbers. This form should not be used to make a claim for an administrative exparising after the commencement of the case. A "request" for payment administrative expense may be filed pursuant to 11 U.S.C. § 503.	ense of an	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of	IF YOU ARE ONE WHOSE LOAN IF	ME 12 P 12 2 POWED MENEY BY BORROWER BEING SERVICED BY THE
Name of Creditor and Address: 11321242034449 CHAVEZ, ROLAND	statement giving particulars. Check box if you have never received any notices		Y CAVED MUNIEY BY BORROWER BEING SERVICED BY THE SHIPLY HADE YOU LER FROOF HICL GREATONEY FROM THAT DIN THE POLLECTION ACCOUNT.	
5 FALKNER DRIVE LADERA RANCH CA 92694		from the bankruptcy court or BMC Group in this case. Check box if this address	SECURED INTER	PROOF F CLAMFOR A EST IN A BORROWER THAT IS NOT BORS. Bady filed a proof of claim with the
Creditor Telephone Number (9ペ) 21名 2233		differs from the address on the envelope sent to you by the court.	Bankruptcy Court	or BMC, you do not need to file again. E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies	debtor:	Check hore	200	
Client Int 6851 3915 69	33	Check here replace or if this claim amen	a acoulousely	filed claim dated:
1. BASIS FOR CLAIM	Retiree t	penefits as defined in 11 U.S.	C. § 1114(a)	☑ Unremitted principal
Goods sold Personal injury/wrongful death Services performed Taxes		salaries, and compensation (digits of your SS #:	fill out below)	Other claims against servicer (not for loan balances)
Money loaned Other (describe briefly)		compensation for services pe	rformed from:	(date) (date)
2. DATE DEBT WAS INCURRED:	3. IF C	OURT JUDGMENT, DATE O	BTAINED:	(care) (date)
4. CLASSIFICATION OF CLAIM. Check the appropriate box or boxes that				ne time case filed.
See reverse side for important explanations. UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM		
Check this box if: a) there is no collateral or lien securing your claim, or b)	your claim	_ ·	our claim is secur	ed by collateral (including
exceeds the value of the property securing it, or if c) none or only part of your entitled to priority.		a right of setoff).	andlate	
UNSECURED PRIORITY CLAIM		Brief description of	_	
Check this box if you have an unsecured claim, all or part of which is		Real Estate		
entitled to priority.		Value of Collateral		0,000 Priverpal
Amount entitled to priority \$		Amount of arrearage as secured claim, if any:	nd other charges	at time case filed included in
Specify the priority of the claim: Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)	_			· · · · · · · · · · · · · · · · · · ·
Wages, salaries, or commissions (up to \$10,000)*, earned within 180 days	_ `	Up to \$2,225* of deposits town services for personal, family, or		
before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).		Taxes or penalties owed to go Other - Specify applicable par	vemmental units - 1	1 U.S.C. § 507(a)(8).
Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).		* Amounts are subject to adju- with respect to cases commer	stment on 4/1/07 an	d every 3 years thereafter
5. TOTAL AMOUNT OF CLAIM \$	50, X	\$		\$ 50,000
AT TIME CASE FILED: (unsecured)	-	secured)	(priority)	(Total)
Check this box if claim includes interest or other charges in addition to the				
 CREDITS: The amount of all payments on this claim has been cre SUPPORTING DOCUMENTS: <u>Attach copies of supporting documents</u>, running accounts, contracts, court judgments, mortgages, security DOCUMENTS. If the documents are not available, explain. If the 	<i>uments,</i> su agreement	uch as promissory notes, puress, and evidence of perfection	chase orders, invo	oices, itemized statements of
8. DATE-STAMPED COPY: To receive an acknowledgment of the proof of claim.		•	•	envelope and copy of this
The original of this completed proof of claim form must be sen ACCEPTED) so that it is actually received on or before 5:00 pm for each person or entity (including individuals, partnerships, governmental units).	n, prevailir corporatio	ng Pacific time, on Novemb ons, joint ventures, trusts a	er 13, 2006 nd	THIS SPACE FOR COURT USE ONLY
governmental units). BY MAIL TO: BMC Group Attn: USACM Claims Docketing Center	BMC Gro	OR OVERNIGHT DELIVERY TO Sup ACM Claims Docketing Cente		
P. O. Box 911 El Segundo, CA 90245-0911	1330 Eas	st Franklin Avenue do, CA 90245		
DATE SIGN and print the name and title if any, of the	he erediter o	r other person authorized to file		
this claim (attach copy of power chatton	men if any):	170127 L C	havez	
Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonment	ent for up to	5 years, or both. 18 U.S.C. 68	152 AND 3571	
=	, , ,			

Form B10 (Official Form 10)		
UNITED STATES BANKRUPTCY COURT DISTRICT OF NEV	ADA	PROOF OF CLAIM-chapter
\ame of Debtor USA Commercial Mortgage Company	Case Number BK-06-10725-LBR	(This space for court use)
NOTE This form should NOT be used to make a claim of an administrative expense arise. A 'request' for payment of an administrative expense may be filled pursuant to 11 U S C.	ng after the commencement of the case Section 503% ()	
Name of Creditor (The person or other entity to whom the debtor owes money or		
David & Sue Hays Revocable Family Trust	Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of	
Name and Address where notices should be sent	statement giving particulars	
David & Sue Hays Trustee	Check box is you have never	
361E Delmar Drive	received any notices from the	
Henderson, NV 89015	bankrupicy court in this case Check box if the address differs from the address on the envelope	
Telephone No (702) See attached	scrit to you by the court.	
Account or other number by which creditor identifies debtor Marlton Square	Check here if this claim	
1 BASIS FOR CLAIM		isly filed claim, dated.
Goods sold	Retire benefits as defined in 11 U.S.C. Wages salaries and compensation (FI	
Services performed	Your Social Security #	
☑ Money loaned	Unpaid company mon for services pe	rformed from
Personal injury / wrongful death	Admin to the control of the control	
☐ Taxes	(date) to (date)	
Other		
2 Date Debt was incurred	3 If court judgment date obtained	
4 Total amount of claim at time case filed \$\(\frac{100,000}{2} \) (Unsecured) \$\(\frac{1}{2} \) If all or part of your claim is secured or entitled to priority also complete licin 5 or 6 b \(\frac{1}{2} \) Check this box if claim includes interest or other charges in addition to the principal content.	(Secured) \$_(Pnonts) \$100,000 below if amount of the claim. Attach an itemized si	
5 Secured Claim Check this box if your claim is secured by collateral (including a right of scioff)	6. Unsecured Priority Claim Check this boy if you have an unse	cured priority claim.
Brief description of collateral	Amount entitled to priority S	
☐ Real Estate ☐ Motor Vehicle	Specifi the priority of the claim	ns up to \$4 640 earned with 90 days before filing of the
	bankruptcy pention, or cessation	on of the debtor's busines whichever is earlier - 11
Other	USC § 507(a)(3)	
	Contributions to an employee	benefit plan - 11 USC \$ 507(a)(4)
\alue of collateral S	LJ Up to \$2 100 of deposits tow	and purchase, lease or rental of property Or services for
	personal family or household of Almony manuferture, or sum	port owed to a spouse former spouse or child - 11
Amount of arrearage and other charges at time case filed included in secured claim,	USC § 507(a)(7)	
ıf any	Taxes or penalties owed to go	vernmental units 11 USC § 507(a)(8)
	☐ OTHER - Specify applicable:	paragraph of 11 USC 8 507(a)(
3	to cases commenced on or after the date	4/1/98 and every three years thereafter with respect of adjugment
7 Credits. The amount of all navments on this slave has been suited as 1.1.1.	1	
7 Credits The amount of all payments on this claim has been credited and deducted for 8. Supporting documents litach copies of supporting documents. Such as promissory	notes numbase orders are come at the control of the	(This space for court use)
statements of running accounts, contracts court judgments, mortgages security agreen DO NOT SEND ORIGINAL DOCUMENTS—If the documents are not available exp	nems, and evidence of nu efection of hen	
attach a sunmary	'	FILED NOV 1 0 2006
9 Date-Stamped copy- to receive an acknowledgment of the filing of your claim, enclo- envelope and a copy of this proof of claim	ose a stamped scil-addressed	
Date Sign and print the name and title, if any of the creditor	or other person authorized to file this claim	USA CMC
1/8/06 (attach copy of power of attorney It any)		1072501295
Penalty for presenting fraudulent claim Fine of up to \$500 00	Sue Hay Trustee	

USBC form effective 04-01-01

Case 06-10	725-gwz Doc	8341-3	Ente	ered 05/09/11 13:0	3:15 Pag	je 10 of 11	4/42406
		_	PRC	OF OF CLAIM			And the second s
		T (F					
Name of Debtor		Ca	se Nu	mher			
USA COMMERCIAL MORTGA	ACE COMPANY	1		06-10725 LBR			
USA COMMERCIAL MORIGA	AGE COMPANI	l ^p	W-2-(76-10725 LBR			
NOTE See Reverse for List of Debt	tors and Case Numbers						
This form should not be used to make ansing after the commencement of the				Check box if you are aware that anyone else has			
administrative expense may be filed			"	filed a proof of claim relating to your claim Attach copy of			
Name of Creditor and Addr	ess Acct #13	909452		statement giving particulars			
MURRINANTE	THE REST HAVE VEHICLE WHEN THE PERSON	241002991		Check box if you have			
74 RUE DE SEVRE		IRA ACCT #1	390945	never received any notices from the bankruptcy court or	DO NOT FILE TH	IS PROOF OF CLAIM	FOR A
PARIS 75007				BMC Group in this case	SECURED INTER	REST IN A BORROWE BTORS	R THAT IS NOT
FRANCE				Check box if this address differs from the address on the	If you have air	eady filed a proof of cla	
	<u> 11-33-1) 4567-12</u>			envelope sent to you by the court		or BMC you do not no	•
Creditor Telephone Number (()0] Last four digits of account or other n	L1-33-6) 8923-58 umber by which creditor	identifies deb	tor	2			1/18/2006
	•			Check here replace or or amen		filed claim dated	
1 BASIS FOR CLAIM		Пв	etiree h	enefits as defined in 11 U S		Unremitted pr	
\	ersonal injury/wrongful o	leath		calaries, and compensation (against servicer
Services performed Ta	axes		-	digits of your SS #		(not for loan b	alances)
Money loaned 0	ther (describe briefly)	U	Inpaid o	ompensation for services per	rformed from	to	
a part pertuan Manager	20 June 2005		2 15 00	OURT JUDGMENT, DATE O	PTAINED	(date)	(date)
2 DATE DEBT WAS INCURRED 4 CLASSIFICATION OF CLAIM						the time case filed	
See reverse side for important explana	ations			22 SECURED CLAIM			
UNSECURED NONPRIORITY CLA		claim or b) voi	ır claım	Check this box if yo	our claim is secu	red by collateral (inc	luding
exceeds the value of the property s	ecuring it or if c) none or o	nly part of your o	claım ıs	a right of setoff)	anthropol CO	0 7 2 66	a+ 1
UNSECURED PRIORITY CLAIM	page 2 3			Real Estate	_	e p.2 s∈	3CC 1
Check this box if you have an unse	cured claim all or part of w	hich is		Value of Collateral	_		
entitled to priority Amount entitled to priority \$	1			Amount of arrearage ar		than \$50,0	
Specify the priority of the claim		•		secured claim, if any			noidada in
Domestic support obligations under	11 U S C § 507(a)(1)(A) c	or (a)(1)(B)		Up to \$2 225* of deposits toward			or
Wages salanes or commissions (u			(services for personal family o			
business whichever is earlier 11		UI 5	H	Taxes or penalties owed to go Other Specify applicable para		*	
Contributions to an employee bene	fit plan - 11 U S C § 507(a)(5)		* Amounts are subject to adjus	stment on 4/1/07 a	nd every 3 years there	after
5 TOTAL AMOUNT OF CLAIM	\$ 51,692 44 5	\$33	see r	with respect to cases comments 2 sect 1 \$	iced on or after the	\$ 51,69	2 44
AT TIME CASE FILED	(unsecured)	è p2 sec	t 1 (s	ecured)	(pnority)	*	otal)
Check this box if claim includes int				amount of the claim Attach ite	mized statement of	· ·	-
6 CREDITS The amount of all pa	vments on this claim ha	s been credite	d and d	educted for the purpose of m	naking this proof	of claim	
7 SUPPORTING DOCUMENTS	Attach copies of supp	ortina docume	ents. su	ch as promissory notes, pure	chase orders, inv	oices itemized stat	ements of
running accounts contracts cou DOCUMENTS If the documents	irt judgments, mortgage: s are not available expl	s security agre ain If the doci	eement: uments	s and evidence of perfection are voluminous attach a sur	oflien DO NO mmary	I SEND ORIGINAL	•
8 DATE-STAMPED COPY To	o receive an acknowledg					d envelope and copy	of this
proof of claim See Atta The original of this completed		ust he sent h	u mail c	r hand delivered (EAYES N	TOT	THIS SPACE E	TOUCO GO
ACCEPTED) so that it is actual for each person or entity (inclu	lly received on or before	re 5 00 pm, pi	revailin	g Pacific time, on Novembe	er 13, 2006	THIS SPACE F USE O	
governmental units) BY MAIL TO		ВУ	HAND	OR OVERNIGHT DELIVERY TO)		2006
BY MAIL TO BMC Group Atth USACM Claims Docketing	Center	BN	MC Grou		r ENF	D DEC 04	F VANA
P O Box 911		13	30 East	Franklin Avenue	LILI	ľ	
El Segundo CA 90245-0911 DATE SIGN	and print the name and title			to CA 90245 other person authorized to file		1	
	this claim (attach convinting	ower of attorney	If any)	•	.	USA CMO	
	El	and M	Kene	here Claude Moland		1072501546	

	Case 06-10725-gwz	ered 05/09/11 15:03 OOF OF CLAIM	:15 Page :	11 of MARION Square
	PK	OUT OF CLA-IVI		
Ns	ame of Debtor Case N	umher		
1				
	USA Commercial Makage Co-			
	TE See Reverse for List of Debtors and Case Numbers s form should not be used to make a claim for an administrative expense	Check box if you are		
ans	sing after the commencement of the case A "request" for payment of an ministrative expense may be filed pursuant to 11 U S C § 503	aware that anyone else has filed a proof of claim relating		
	ame of Creditor and Address	to your claim Attach copy of statement giving particulars		
"	11321241002177			
	JOHN J & GINA A FANELLI	Check box if you have never received any notices		
	27 LARCH ST FITCHBURG MA 01420-2009	from the bankruptcy court or BMC Group in this case		PROOF OF CLAIM FOR A ST IN A BORROWER THAT IS NO
1		Check box if this address	ONE OF THE DEB	TORS
		differs from the address on the envelope sent to you by the		dy filed a proof of claim with the r BMC you do not need to file again.
	ditor Telephone Number ()	court.	THIS SPACE	IS FOR COURT USE ONLY
Las	st four digits of account or other number by which creditor identifies debtor	Check here replace	ces	led claim dated
	6978	if this claim amen		led claim dated
1 -	Retiree	benefits as defined in 11 U S	C § 1114(a)	Unremitted principal
	Goods sold Personal injury/wrongful death Services performed Taxes Wages	salaries and compensation (f	ill out below)	Other claims against service
	Money looped Cher (decembe hards)	r digits of your SS#	-	(not for loan balances)
"	Unpaid	compensation for services per	formed from _	to
2 [DATE DEBT WAS INCURRED 10/24/105 3 IF C	OURT JUDGMENT, DATE O	BTAINED	(date) (date)
	CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best descrete reverse side for important explanations			time case filed
1	SECURED NONPRIORITY CLAIM \$	SECURED CLAIM		
	Check this box if a) there is no collateral or lien securing your claim or b) your claim		ur claım ıs secure	d by collateral (including
	exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority	a right of setoff) Brief description of	colleteral	
UN	SECURED PRIORITY CLAIM	Real Estate	-	Other
╙	Check this box if you have an unsecured claim all or part of which is entitled to priority	Value of Collateral	s since	
	Amount entitled to priority \$		d other charges a	t time case filed included in
<u> </u>	Specify the priority of the claim	secured claim, if any \$	i	turne case illed included in
	Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	Up to \$2 225* of deposits towar	rd purchase lease o	r rental of property or
	Wages salanes or commissions (up to \$10 000)* earned within 180 days before filling of the bankruptcy petition or cessation of the debtor's	services for personal family or	household use -11 t	J S C § 507(a)(7)
	business whichever is earlier 11 U S C § 507(a)(4)	Taxes or penalties owed to gov Other - Specify applicable para		
ш	Contributions to an employee benefit plan - 11 U S C § 507(a)(5)	* Amounts are subject to adjust	ment on 4/1/07 and	every 3 years thereafter
5 T	OTAL AMOUNT OF CLAIM \$	with respect to cases commend		te of adjustment
	AT TIME CASE FILED	secured)	(priority) 12hst	(Total)
	Check this box if claim includes interest or other charges in addition to the principal	amount of the claim Attach item	nized statement of a	Il interest or additional charges
6 0	CREDITS The amount of all payments on this claim has been credited and company to the company of	educted for the purpose of ma	aking this proof of	claim
	SUPPORTING DOCUMENTS <u>Attach copies of supporting documents.</u> su unning accounts, contracts, court judgments, mortgages, security agreement DOCUMENTS If the documents are not available, explain If the documents	s. And evidence of befrection (ariilen iirikkiii v	es, itemized statements of SEND ORIGINAL
8 E	ATE-STAMPED COPY To receive an acknowledgment of the filling of y proof of claim	our claim enclose a stamped,	self-addressed er	nvelope and copy of this
1	he original of this completed proof of claim form must be sent by mail of	r hand delivered (FAXES NO	OT 1	JAIS SPACE FOR COURT
<i>F</i>	ACCEPTED) so that it is actually received on or before 5 00 pm, prevailin or each person or entity (including individuals, partnerships, corporation	a Pacific time, on November	-13 2006 HII	ED NOSFOILD 2006
9	overnmental units)		' FILI	ED NOV 10 2006
6	BMC Group BMC Gro		1	LICA CAGO
F	O Box 911 1330 Easi	CM Claims Docketing Center Franklin Avenue		USA CMC
DAT	Segundo CA 90245-0911 El Segundo	lo CA 90245		1072501339
ואט	SIGN and print the name and title if any, of the creditor or this claim (attach copy of power of attorney if any)	other person authorized to file		
1	1/6/06 Vone Vone VI-linin	A Tarolli	/	
		- Junior		